FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L20860

(7)

MOTCHKAVITZ ENGINEERING COMPANY

FILED

Feb 05 1998 8:00am

Secretary of State

Principal Place	e of Business	N	nalling Address								
* ROBERT JAMES MOTCHKAVITZ 22763 S SR 7 #118 BOCA RATON FL 33428			% ROBERT JAMES MOTCHKAVITZ 22783 S SR 7 #118 BOCA RATON FL 33428				DO NOT WRITE	IN THIS S	SPACE		
			000111111011111111111111111111111111111				3. Date Incorporated or Qualified				
							10/01/1989				
2. Principal Pi	ace of Business	26	, Mailing Address		•		4. FEI Number			Applied For	
21		26	26				65-0144021 Not A				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional	
22		27	27				5. Certificate of Status Desired	М.	Fee	Required	
City & State			City & State			6. Election Campaign Financing		\$5.00 May Be			
23	3		28				Trust Fund Contribution				
Zip	Country		Zip	Cour	ntry	,	8. This corporation owes or has pa			Intangible	
24	26	29		30			Personal Property Tax due June		Yes	□ No	
	9. Name and Address of Curre	nt Regi	stered Agent				10. Name and Address of New Re	gistered /	Agent		
	TCHKAVITZ, ROBERT JAMES				81	Name					
	83 \$ SR 7			· .	82	Street Ad	Idress (P.O. Box Number is Not Acceptable)				
SUI	TE 118							,			
BO(CA RATON FL 33428			1	83						
				J.	84	03.4			Tes 2	in Carlo	
4.5	•			1	64	City		FL	85 Z	lip Code	
11. Pursuant t	to the provisions of Sections 607.05	02 and (607,1508, Florida Statut	es, the ab	ove	e-named co	rporation submits this statement for the p	urpose of	changin	g its registered	
office or re	a gistered agent, or b oth, in the State m fa miliar with, an d a ccept the oblig	e of Flor nations o	ida. Such change was a of. Section 607.0505. Fir	authorized orida Statu	l by ites	/ the corpor	ation's board of directors. I hereby accept	ot the app	ointment	as registered	
SIGNATURE		,	.,,,								
SIGNATURE .	Signature, typed or printed name of registered ag	ent and till	e il applicable (NOT	E: Registered	Age	int signature req	julied whon reinstating)	DATE			
12.	OFFICERS AN	ID DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
TITLE	D		☐ DELETE	1.1 TIT(LΕ				☐ Chang	ge 🔲 Addition	
NAME	MOTCHKAVITZ, ROBERT J.			1.2 NA)	ME						
STREET ADDRESS	22783 S SR 7 #118			1.3 STR	REET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			1,4 CIT	Y - S	T-ZIP					
TITLE			DELETE	2.1 TITU	.E				Chang	ge 🔲 Addition	
NAME				2.2 NAI	ΜE		• •				
STREET ADDRESS				2.3 STR	EET	ADDRESS					
CITY-ST-ZIP				2. 4 CIT	Y-8	ST-ZIP					
TITLE		-	DELETE	3.1 TITL	.E				Chang	ge 🔲 Addition	
NAME				3.2 NAN	N E						
STREET ADDRESS				3.3 STR	EET	ADDRESS					
CITY-ST-ZIP				3.4. CIT	Y- S	3T - ZIP					
TITLE			☐ DELETE	4.1 TITL	_		— · · · · · · · · · · · · · · · · · · ·		Chang	e 🔲 Addition	
NAME				4. 2 NA	ME	-					
STREET ADDRESS				4.3 STR	EET.	ADDRESS					
CITY-ST-ZIP				4.4 CIT						'	
TITLE	-		☐ DELETÉ	5.1 TITL					☐ Chang	e Addition	
NAME			- '	5.2 NAN							
STREET ADDRESS						ADDRESS					
ı				5.4 CIT		i i					
CITY-ST-ZIP TITLE			DELETE	6.1 TITL		1 · ZIF		*	Chang	e Addition	
				6.2 NAN						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME ATOTET ADDOCCO				i i		ADODESC					
STREET ADDRESS						ADORESS					
CITY-ST-7IP				6.4 CITY	r - S1	1-71P I					

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ALDER AND COMMETCHER VITTE

1/20/42